



Work Order (Bid Form)

Auditor: Scott Haislip (615) 274-2565 or (615) 424-2565

WORK ORDER INFORMATION

Work Order Name: WO/10010MC1932/1

Work Order Type: Weatherization

Audit Name: 10010MC1932

CLIENT INFORMATION

Client Name:

Address:

Client ID: 10010MC1932

SPRINGFIELD, TN 37172

Alt. Client ID:

AGENCY INFORMATION

Agency: Mid-Cumberland Community Action Agency

Agency Phone: (615) 742-1113

Address: P.O.Box 310, 233 Legend Drive, Suite 103
Lebanon, TN 37088-0310

Fax:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

SITE BUILT 1931 902 SQ FT
LEAD PAINT LIKELY

Client Name:

Client ID: 10010MC1932

Alt. Client ID:

Work Order (Bid Form)

Work Order Name: WO/10010MC1932/1

Report Run On: 5/16/2010

DOE Weatherization Assistant

Version 8.6.0

Page 1 of 14

Measures

Measure 1 LEAD PAINT SAFETY PRACTICES				Components			Inspected					
Comment				<input type="text"/>								
				Estimated			Actual					
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total			
	Health and Safety	OTHER	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Other Detail												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>			
Field Notes:												

Measure 2 INSTALL 2 SMOKE ALARMS				Components			Inspected					
Comment				<input type="text"/>								
				Estimated			Actual					
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total			
	Health and Safety	2 SMOKE ALARMS	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Other Detail												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>			
Field Notes:												

Measure 3 INSTALL 2 CARBON MONOXIDE DETECTORS**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Health and Safety	2 CARBON MONOXIDE DETECTORS	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 INSTALL 6 MIL VAPOR BARRIER****Components****Inspected****Comment** 945 SQ FT; CONTRACTOR TO VERIFY☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Health and Safety	6 MIL VAPOR BARRIER	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Client Name:

Client ID: 10010MC1932

Alt. Client ID:

Work Order (Bid Form)

Work Order Name: WO/10010MC1932/1

Report Run On: 5/16/2010

DOE Weatherization Assistant

Version 8.6.0

Page 3 of 14

**Measure 6 INSTALL EXHAUST VENT OVER
KITCHEN STOVE (NONE PRESENT)****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Health and Safety	EXHAUST VENT	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 7 INSTALL BATHROOM EXHAUST FAN
(NONE PRESENT)****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Health and Safety	EXHAUST FAN	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

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Client ID: 10010MC1932
Alt. Client ID:

Work Order (Bid Form)
Work Order Name: WO/10010MC1932/1
Report Run On: 5/16/2010

DOE Weatherization Assistant
Version 8.6.0
Page 4 of 14

**Measure 8 PROVIDE SCREENS FOR 2 WINDOWS
ON RIGHT SIDE OF HOUSE****Components****Inspected****Comment** 31.25" X 64"; CONTRACTOR TO VERIFY☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Windows	SCREENS	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 9 REMOVE UNVENTED SPACE HEATER
& REPLACE WITH VENTED HEATER
W/B VENT PIPE****Components****Inspected****Comment** LOCATED IN KITCHEN☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Health and Safety	VENTED HEATER	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		

Field Notes:

Client Name:
Client ID: 10010MC1932
Alt. Client ID:

Work Order (Bid Form)
Work Order Name: WO/10010MC1932/1
Report Run On: 5/16/2010

DOE Weatherization Assistant
Version 8.6.0
Page 5 of 14

**Measure 10 SEAL PLUMBING PENETRATIONS
UNDER KITCHEN SINK****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 11 SEAL PLUMBING PENETRATIONS
UNDER BATHROOM VANITY &
COMMODE SUPPLY LINE****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

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Client ID: 10010MC1932

Alt. Client ID:

Work Order (Bid Form)

Work Order Name: WO/10010MC1932/1

Report Run On: 5/16/2010

DOE Weatherization Assistant

Version 8.6.0

Page 6 of 14

**Measure 12 WEATHER STRIP FRONT & BACK
DOORS****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Doors	WEATHER STRIP	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 13 ADD DOOR SWEEP TO FRONT & BACK
DOORS****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Doors	DOOR SWEEP	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

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Client Name:
Client ID: 10010MC1932
Alt. Client ID:

Work Order (Bid Form)
Work Order Name: WO/10010MC1932/1
Report Run On: 5/16/2010

DOE Weatherization Assistant
Version 8.6.0
Page 7 of 14

Measure 14 SEAL AROUND WINDOW AC UNITS (2)**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 15 SEAL AROUND FLUE PIPE IN LIVING ROOM****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

Client Name:
Client ID: 10010MC1932
Alt. Client ID:

Work Order (Bid Form)
Work Order Name: WO/10010MC1932/1
Report Run On: 5/16/2010

DOE Weatherization Assistant
Version 8.6.0
Page 8 of 14

**Measure 16 SEAL AROUND FLUE PIPE IN
BEDROOM CLOSET****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 17 SEAL GAPS IN CABINET WHERE
BREAKER BOX IS LOCATED****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

Client Name:

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Alt. Client ID:

Work Order (Bid Form)

Work Order Name: WO/10010MC1932/1

Report Run On: 5/16/2010

DOE Weatherization Assistant

Version 8.6.0

Page 9 of 14

**Measure 18 SEAL CRACK IN WALL AROUND
CABINET WHERE BREAKER BOX IS
LOCATED**

Components

Inspected

Comment

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

**Measure 19 SEAL HOLE IN BATHROOM CEILING
WHERE CEILING PANEL HAS FALLEN**

Components

Inspected

Comment

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	AIR SEALING	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

Client Name:

Client ID: 10010MC1932

Alt. Client ID:

Work Order (Bid Form)

Work Order Name: WO/10010MC1932/1

Report Run On: 5/16/2010

DOE Weatherization Assistant

Version 8.6.0

Page 10 of 14

**Measure 20 REPLACE CEILING PANEL IN
BATHROOM THAT HAS FALLEN 12" X
12"**

Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	CEILING PANEL	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

**Measure 21 INSTALL ENERGY LID TO ATTIC PULL
DOWN STAIRS**

Components

Inspected

Comment

#	Material / Labor	Description / Comment	Units	Estimated		Actual			
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Other	ENERGY LID	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

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Client Name:

Client ID: 10010MC1932

Alt. Client ID:

Work Order (Bid Form)

Work Order Name: WO/10010MC1932/1

Report Run On: 5/16/2010

DOE Weatherization Assistant

Version 8.6.0

Page 11 of 14

Measure 22 INSTALL R-19 FLOOR INSULATION;
902 SQ FT**Components****Inspected****Comment** CONTRACTOR TO VERIFY
LOW TO GROUND, 16" X 18" HIGH☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Insulation	R-19 FLOOR INSULATION	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 23** Attic Ins. R-30**Components** A3**Inspected****Comment** CONTRACTOR TO VERIFY☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	230					
Other Detail									
Measure Sub Total:							Sub Total:		

Field Notes:Client Name:
Client ID: 10010MC1932
Alt. Client ID:**Work Order (Bid Form)**
Work Order Name: WO/10010MC1932/1
Report Run On: 5/16/2010DOE Weatherization Assistant
Version 8.6.0
Page 12 of 14

Measure 24 Attic Ins. R-30**Components** A2**Inspected****Comment** CONTRACTOR TO VERIFY☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	364					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:****Measure 25 Attic Ins. R-19****Components** A1**Inspected****Comment** CONTRACTOR TO VERIFY☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-19	SqFt	280					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total: **Sub Total:** **Field Notes:**

Client Name:

Client ID: 10010MC1932

Alt. Client ID:

Work Order (Bid Form)

Work Order Name: WO/10010MC1932/1

Report Run On: 5/16/2010

DOE Weatherization Assistant

Version 8.6.0

Page 13 of 14

Measure 26 DWH Pipe Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1					
2	Labor	DHW Pipe Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 27 DWH Tank Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipm	DHW Tank Insulation	Each	1					
2	Labor	DHW Tank Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Work Order Grand Total:		Grand Total:	
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Client Name:
 Client ID: 10010MC1932
 Alt. Client ID:

Work Order (Bid Form)
 Work Order Name: WO/10010MC1932/1
 Report Run On: 5/16/2010

DOE Weatherization Assistant
 Version 8.6.0
 Page 14 of 14